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ABSTRACT

Providing educational guidelines for the reduction of death anxiety has resulted in a dramatic increase in the literature concerning death education (DE). However, research evaluating DE programs has yielded ambiguous results. In this study, researchers performed a meta-analysis of various DE interventions to assess the effectiveness of DE programs in reducing death anxiety. Three questions were examined: (1) Is DE effective in reducing death anxiety?; (2) What portion of the variance in death anxiety can be accounted for by the DE treatment?; and (3) How many treatment effects are practically significant? An effect size for each individual study was calculated along with an overall treatment effect size for DE. Investigators calculated a total of 62 effect sizes which represented 5,327 treated individuals. Results indicated that DE led to more death anxiety. Of the two types of interventions tested, didactic interventions led to significantly higher death anxiety than did experiential interventions. For questions two and three, DE interventions accounted for practically significant portions of the variance in less than half of the cases which suggests that statistical significance does not necessarily establish practical significance. (RJM)

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The Effects of Death Education on Death Anxiety: A Meta-Analysis

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The Effects of Death Education on Death Anxiety: A Meta-Analysis

The multifaceted problem of providing educational guidelines for the reduction of death anxiety recently has surfaced as a significant research topic and has resulted in a dramatic increase in the literature concerning death education (Glass, 1990). Although individuals are matriculating in death education programs in record numbers, research evaluating these programs has been quite equivocal. Some researchers have emphasized the effectiveness of death education in reducing death anxiety, others have reported little or mixed success, and still others have reported unexpected significant increases in death anxiety as a result of death education (Combs, 1981; Miles, 1980; Wittmaier, 1979). The aim of this study was to assess the effectiveness of death education methods in reducing death anxiety by doing a meta-analysis of the empirical investigations of various death education interventions. Three research questions were examined: (1) Is death education effective in reducing death anxiety? (2) What portion of the variance in death anxiety can be accounted for by the death education treatment? (3) How many treatment effects are practically significant?

Method

Computerized and manual searches yielded 1461 possible studies, however, a significant number were eliminated due to missing or incomplete data, data not reported in a quantitative manner, or data not presented in a manner sufficient for the required statistical analysis. Sixty-two investigations were found appropriate for inclusion in the meta-analysis. Each of these studies used Templer's (1970) Death Anxiety Scale , Collett and Lester's (1969) Fear of Death Scale, or Boyar's (1964) Fear of Death Scale as the dependent measure. Research methodology involved the calculation of an effect size for each individual study and an over-all treatment effect size for death education (Glass, McGaw, & Smith, 1981). In addition, the role of study characteristics, including type of treatment (didactic/experiential), length of treatment, occupation, educational level, number of participants, age and gender of participants, number of days between end of treatment and posttest, exposure to death, and religiosity, were examined to determine if these factors influenced obtained effect sizes.

Results

A total of 62 effect sizes, which represented 5327 treated individuals, were calculated. The mean death anxiety effect size for all death education treatments/interventions was .287, suggesting that participants in death education treatments

reported more death anxiety after completion of the intervention than did control conditions participants.

The mean death anxiety effect size for didactic death education interventions (based on 37 effect sizes) was .463, and the mean death anxiety effect size for experiential death education interventions (based on 25 effect sizes) was .026. A significant difference was found between the mean effect sizes of these two groups, indicating that experiential death education interventions are associated with smaller increases in death anxiety than are didactic interventions. The effect sizes for death education interventions did not significantly differ on the basis of treatment length. Death education does not appear to reduce death anxiety. Instead, participants exposed to death education reported higher death anxiety than did those in no-treatment control groups.

Omega-squared was used to assess the portion of variance in death anxiety accounted for by death education interventions and the number of practically significant treatment effects (Smith & Glass, 1977). Death education interventions accounted for practically significant portions of variance in less than half of the included studies.

Analyses of the coding variables failed to reveal any significant relationships. Nonstatistical examinations (used because of insufficient quantitative data) revealed that death

anxiety may be influenced by experience with death, religiosity, and/or the strength of religious belief.

Discussion

To answer the first research question, four analyses were undertaken. The first analysis, revealed that participants in death education treatments reported more death anxiety after completion of the intervention than did participants in the control conditions. Death education appears to reinforce death fear and/or anxiety and to removed the denial often thought to be an integral part of the individual's personality structure. Another explanation may be that the instruments used to measure death anxiety did not fully measure the multidimensionality of death anxiety. Perhaps the studies utilized in this meta-analysis only measured the elements of death anxiety that increased with education.

Possibly the most interesting finding related to this first research question is simply the fact that death education led to increased death anxiety. Death literature (Kastenbaum, 1977; Maglio, 1992; Warren, 1982) frequently points to death education as the means to help individuals cope, however, this study revealed that death education increased death anxiety. Perhaps what needs additional attention is the impact of different types of death education.

A second analysis examined the mean effect sizes of didactic and experiential educational interventions. Didactic

interventions led to significantly higher death anxiety than did experiential interventions. Whereas experiential treatment approaches attempt to facilitate the working through of death-related fears and anxieties, didactic interventions, being inherently cognitive, may strengthen the defenses (intellectualization and denial) individuals use to ward off death anxiety. Perhaps by providing individuals with intense, personal experiences focused on immediate, death-related fears, death anxiety is lowered.

The third and fourth analyses of this first research question revealed that length of death education interventions was not associated with variations in death anxiety. Possibly death education techniques achieve a certain level of treatment effect and additional exposure or participation does not result in significant anxiety increase or reduction.

An alternate explanation is that the death education interventions may not have been sufficiently potent to decrease death anxiety. Death denial may have been so ingrained in participants' personality structures that the relatively short death education interventions were not of sufficient quality to permit participants to explore and resolve their anxieties and fears completely.

Since a significant difference was found between the effect sizes of didactic and experiential interventions but was not found for variations in treatment length, perhaps an important

question has been overlooked. That is, does an interaction exist between the type of death education intervention and the length of the intervention? Due to insufficient data or data not being presented in a usable format, the present meta-analysis was not able to examine this interaction. Future research could benefit from examining this interaction and its impact on mean effect sizes.

The second and third global research questions investigated the amount of variance in death anxiety accounted for by death education and the number of practically significant treatment effects. Death education interventions accounted for practically significant portions of the variance in less than half of the included studies which suggests that statistical significance does not necessarily mean that practical significance has been established. Instead, the more powerful the statistics used, the more likely that statistically significant comparisons will not be practically significant (NcNamara, 1978). Perhaps this is why less than half of the calculated effect sizes reached practical significance.

It is clear from the presented findings that more intensive analyses of the effects of death education are needed. Research needs to focus more on "how" it works rather than on "does" it work. Death education interventions must be continually refined to prepare psychologists to provide better quality education to clients and the general population. With the increasing number

of deaths each year, psychologists are increasingly being called upon to work with individuals with death-related concerns.

Death is a very natural yet extremely anxiety-provoking part of life. With additional research, it is hoped that death education can continue to evolve and become a major educational and emotional resource for all individuals.

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